

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

APPLICANT(S)

92002411

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT										
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/						51								
2	/						52								
3		/					53								
4		/					54								
5		/					55								
6		/					56								
7		/					57								
8		/					58								
9		/					59								
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11		/					61								
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15		/					65								
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18		/					68								
19		/					69								
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22		/					72								
23		/					73								
24		/					74								
25		/					75								
26		/					76								
27		2					77								
28		2					78								
29		/					79								
30		/					80								
31	/						81								
32	/						82								
33	/						83								
34	/						84								
35		/					85								
36		/					86								
37							87								
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40							90								
41							91								
42							92								
43							93								
44							94								
45							95								
46							96								
47							97								
48							98								
49							99								
50							100								
ITAL D.	7						TOTAL IND.								
ITAL P.	31						TOTAL DEP.								
ITAL AIMS	38						TOTAL CLAIMS								